

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-031381**

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

042

Primary Registration District No.

1000

Registrar's No.

983

FILED AUG 21 1963

1. PLACE OF DEATH

a. COUNTY

Buchanan

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

St. Joseph

Length of stay in 1b

22 yrs

c. CITY

OR TOWN

St. Joseph

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION St. Josephs Hospital

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)  
924 No. 6th St.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

GRACE

Middle

CHRISTINE

Last

FORD

4. DATE OF DEATH

Month

August

Day

14

Year

1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1/8/1896

9. AGE (last birthday)

67

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Seamstress

10b. KIND OF BUSINESS OR INDUSTRY

St. Josephs Hospital

11. BIRTHPLACE (City and state or country)

DeKalb County Missouri

12. CITIZEN OF WHAT COUNTRY

U S A

13a. FATHER'S NAME

Aliphus Dabler

13b. MOTHER'S MAIDEN NAME

Millie Munn

14. NAME OF HUSBAND OR WIFE

Mr. John Ford

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Mr. John Ford

Address 924 No. 6th St. St. Joseph, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CARCINOMA OF HEPATIC FLEXURE

INTERVAL BETWEEN ONSET AND DEATH

13 MONTHS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

7-9-62

to 8-14-63

and last saw her alive on 8-14-63

Death occurred at

7:00 A

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

1301 FARMAN

22c. DATE SIGNED

8-16-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Rem. & Burial

23b. DATE

8/16/63

23c. NAME OF CEMETERY OR CREMATORY

Oaklawn Cemetery

23d. LOCATION (City, town, or county)

Maysville

Missouri

24. FUNERAL DIRECTOR

Home Funeral Home

ADDRESS

St. Joseph, Mo.

25. DATE RECD. BY LOCAL REG.

Aug 19, 1963

26. REGISTRAR'S SIGNATURE

Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

BY AFFIDAVIT OF

DOCUMENT

L.H. Pifer, M.D. MEDICAL CERTIFICATION

VS 300	DATE AMENDED	
Rev. 4/59		
15117		
25117		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		

Permit issued 8-15-63

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed E. A. Clark

Licensed Embalmer No. 4238

P. O. Address St. Joseph Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.